

**Statewide Patient Care Guidelines Workgroup**  
**OEMS Technology Park**  
**September 23, 2009**  
**10:30 am**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
Max Bornstein Bob Ryalls George Lindbeck, M.D. Steve Rea		Tom Nevetral Chad Blosser Warren Short	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>I. Welcome</b>	The meeting was called to order at 10:35 AM by George Lindbeck, M.D. who chaired the meeting.	
<b>II. Introductions</b>		
<b>III. Approval of Minutes</b>	<b>None</b>	
<b>IV. Charge of the Workgroup</b>	<p>a. It was stated that the EMS community had long desired statewide patient care guidelines (PCG) that would demonstrate some degree of continuity across the Commonwealth. The Statewide Patient Care Guidelines Workgroup was established to develop statewide PCG to present to the Professional Development and Medical Direction Committees for their review. Statewide PCG offer one way of keeping medical practice current and scientifically based.</p> <p>b. It is the Statewide PCG workgroup's contention that we do not wish to "throw the baby out with the bathwater," and underscore our contention that a well-done and transparent Statewide PCG process remains in the very best interests of both the profession and patient care.</p>	
<b>V. Composition of the Workgroup</b>	<p>The Statewide Patient Care Guidelines Workgroup consists of representation from the following groups: Medical Direction Committee, Professional Development Committee, EMS Regional Councils, ALS Coordinators and Virginia Governmental EMS Administrators (VAGEMSA).</p> <p>Discussion followed with adding additional representation from EMS providers from the Rappahannock and Blue Ridge EMS Council areas. This would reflect wider representation</p>	<b>Need to acquire names of EMS provider's representation from</b>

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	from the volunteer EMS providers.	REMS and BREMS.
<b>VI. General Discussion</b>	<p>There were comments from the field shared requesting the skill sets from the higher certification (paramedic) levels be trickled down to the lesser levels without the providers having the knowledge to go along with the skill sets. This was agreed upon as being a concern and not desirable. (See the VASoP document that Medical Direction Committee recently completed).</p> <p>It was noted that it was desirable to have Statewide Patient Care Guidelines (PCG) that EMS agencies could adopt and modify that would be consistent across the Commonwealth. This set of PCG's would be complete enough to be adopted by agencies that wished to use them "as is", but could also be adapted or "borrowed" from in terms of content and format as needed. It was stated that the PCG should be flexible enough to make modifications when needed and should receive at a minimum annual review for any necessary updates. This project should not be solely physician driven but actively involve input from EMS providers.</p> <p>Two terms were discussed ("Best Practices" versus "Evidence Based") it was acknowledged that Evidence Based guidelines would be integrated in the PCG's whenever possible, but in many cases the preferred term in developing the PCGs would be utilizing "Best Practices".</p> <p>It was discussed that there will be areas in the PCG's where a greater amount of variation and flexibility is both expected and desired, and that there may be some areas identified where there will be more specific recommendations and possibly requirements when felt to be in the best interests of patients.</p> <p>It was noted that the BLS Protocols (Guidelines) that were developed years ago were not utilized and it was the concern of some attending that this may prove to be a stumbling block. Why put forth the effort on this project if the end product would not be supported and utilized. This project will not be swift or easy and much time and expertise will be expended.</p> <p>It was noted that the Attorney General's (AG) Office advised that since this workgroup "advises" ranking committees the Code of Virginia states that the virtual meetings (webinars) must be advertised and made available at all transmission/receiving sites. The requirements to conduct virtual meetings will be cumbersome, however the workgroup felt it was worth pursuing. Staff will be submitting a plan which hopefully will be approved by the AG's Office so that the workgroup can conduct virtual meetings across the Commonwealth to better address all sections of the state.</p> <p>How is the best way to develop the PCGs? Should we address it by "sections"?</p>	<p><b>Homework:</b>  <b>Determine how we should address the formulation of the PCGs. Should we address them by section?</b></p>

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<b>VII. Reading File</b>	<p>The workgroup requested a reading (reference) file to assist in preparation for the next meeting. Some web links of interest are listed below:</p> <p><b>Virginia Scope of Practice (VASoP) [Two Documents] –</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.vdh.virginia.gov/OEMS/Files_page/Training/ScopeOfPractice-Formulary.pdf">http://www.vdh.virginia.gov/OEMS/Files_page/Training/ScopeOfPractice-Formulary.pdf</a></li> <li>• <a href="http://www.vdh.virginia.gov/OEMS/Files_page/Training/ScopeOfPractice-Procedures.pdf">http://www.vdh.virginia.gov/OEMS/Files_page/Training/ScopeOfPractice-Procedures.pdf</a></li> </ul> <p><b>National Education Standards &amp; Instructor Guidelines –</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.nemsed.org/draft_standards/index.cfm">http://www.nemsed.org/draft_standards/index.cfm</a></li> </ul> <p><b>Virginia Regional EMS Protocols -</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.vdh.virginia.gov/OEMS/Training/PositionPapers.htm">http://www.vdh.virginia.gov/OEMS/Training/PositionPapers.htm</a></li> </ul> <p><b>Medical Direction Committee Position Papers –</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.vdh.virginia.gov/OEMS/Training/PositionPapers.htm">http://www.vdh.virginia.gov/OEMS/Training/PositionPapers.htm</a></li> </ul> <p><b>Other State Protocols (Guidelines) –</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.miemss.org/home/default.aspx?tabid=106">http://www.miemss.org/home/default.aspx?tabid=106</a> Maryland EMS</li> <li>• <a href="http://www.ncems.org/ncepprotocols.html">http://www.ncems.org/ncepprotocols.html</a> North Carolina EMS</li> <li>• <a href="http://www.psd.plantation.org/fire/docs/Protocol-2001.pdf">http://www.psd.plantation.org/fire/docs/Protocol-2001.pdf</a> South Florida EMS</li> </ul> <p><b>Atlantic EMS Council Practice Analysis –</b></p> <ul style="list-style-type: none"> <li>• Link to be announced soon</li> </ul>	
<b>VIII. Format for Patient Care Guidelines</b>	It was asked what format should be utilized? This is a question that will require members of the workgroup to study, prior to the next meeting, and then submit suggestions for others to consider.	<b>Homework:</b> <b>Review PCG from other regions/States and make suggestions on the recommended format for the PCGs.</b>
<b>IX. Public Comment</b>	None	
<b>X. For the Good of the Order</b>	<p><b>Next Meeting:</b>  <b>October 15<sup>th</sup> 10:30 AM</b>  <b>Office of EMS</b>  <b>1001 Technology Drive</b>  <b>Glen Allen, VA 23059</b></p>	
<b>XI. Adjourn</b>	12:30 PM	